Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN9404	A. BUILDING 01 - MAIN BUILDING 01 B. WING	08/17/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, SPARTA	34 GRACEY ST SPARTA, TN 38583

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	1200-8-6-.08(2) Building Standards (2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured. This Rule is not met as evidenced by: Based on observation it was determined the facility failed to comply with the State Building Standards. The findings include: Observation of the social service office on 8/17/10 at 9:15 AM, revealed a space heater with no safety device was being used. Tennessee Department of Health (TDOH) 1200-8-6-.08(2) This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/17/10.	N 832	**N 832 Space Heater** On 9-1-10 the space heater in the social service office was removed from the building. On 9-3-10 the Maintenance Director reviewed the building to determine if other space heaters were located in the facility. There are no space heaters in the building. On 9-6-10 all staff were inserviced by the Administrator on not having space heaters in the facility. Completed on 9-6-10 The Maintenance Director will monitor compliance of space heaters through the quality assurance process. The Maintenance Director will monitor all areas of the building to ensure no space heaters are present. Findings will be reported to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse. The monitor will be continued as determined by the Maintenance Director or as directed by the Quality Assurance Committee.	9-6-10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 9-3-10

SEP 07 2010